# MovingStories Movement Expertise Survey

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## Welcome

This is a survey designed to gather information about your previous movement training. You will be asked to describe your previous physical and observational experiences with movement. Please be as thorough and detailed as possible. Your answers will help us better understand how movement experiences correlate to movement perception.

Pa	rticipant ID
wr	ite N/A if you were not given a specific ID.
Da	ite
DD	/MM/YYYY
Ag	ge
Ge	ender
Ar	e you right-handed or left-handed?
0	Right-handed
0	Left-handed
$\circ$	Ambidextrous (equal dominance on right and left sides)

## **Section 1: General Information**



- 0 1-3
- 0 4-6
- 0 7-9
- 0 10-12
- 0 13-15
- 0 16-18
- 0 19-21
- O 22-24
- 0 25-27
- O 28-30
- O 30+

# Describe the role of physical activity in your daily life.

(e.g. Is physical activity a part of your profession, a hobby and/or part of your exercise regime?, What motivates you to participate in physical activity?)

# In what way do you use observation in your professional or daily life?

Describe the objects or actions that you observe most often (e.g. movement, behaviors, environment).

# **Section 2: Dance Experience**

# Do you have training in any dance practices?

This can be self-taught, recreational, pre-professional and/or professional training in any genre of
dance e.g. ballet, contemporary, modern, butoh, flamenco, capoeira, taiko, hiphop, breakdance,
ballroom, traditional chinese, balinese or other cultural dances, tap, etc

$\circ$	VΔc
$\cup$	163

O No

# Within the past year, how many hours a week do you spend practicing dance?

This can include hours spent teaching, rehearsing, choreographing, training, performing

- 0 < 1
- 0 1-3
- 0 4-6
- 0 7-9
- 0 10-12
- O 13-15
- 0 16-18
- 0 19-21
- O 22-24
- O 25-27
- O 28-30
- O 31-33
- O 34-36
- O 37-39
- O 40+

Have you ever choreographed or created a dance work?				
O Yes				
O No				
How many works have you choreographed?				
O 1				
O 2				
O 3				
O 4				
O 5				
O 6				
O 7				
O 8				
O 9				
O 10				
39 additional choices hidden				
○ 50+				
Describe one of the most memorable or significant works you have				
choreographed				
This can include aspects relating to the movement, the process, the setting of the work, or themes				
explored.				
Have you ever performed dance in front of an audience?				
O Yes				
O No				

# How many works have you performed in? ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ... 39 additional choices hidden ... ○ 50+

# Describe one of the most memorable or significant works you have performed in.

This can include aspects relating to the process, the setting of the work, or themes explored.

# **Section 2: Dance Experience**

List <u>up to 3</u> dance styles/techniques you have the most training in or identify with the most.

1. Dance Training		
Dance Style	0	Ballet
	0	Contemporary
	0	Modern
	0	Butoh
	0	Flamenco
	0	Нір Нор
	0	Breakdance
	0	Ballroom
	0	Folk Dance
	0	Bellydance
		21 additional choices hidden
	0	Historical Dance
	0	Improvisation
	0	Contact Improvisation
	0	Concert Dance
	0	Irish Dance
	0	Character Dance
	0	Hula
	0	Cultural Dance
	0	Afro-Cuban Dance

Gaga

0	Early Childhood (12 or younger)
0	Late Childhood (13-18)
0	Early Adult (19-39)
0	Late Adult (40+)
0	<1
0	1
0	2
0	3
0	4
0	5
0	6
0	7
0	8
0	9
	40 additional choices hidden
0	50+
0	Beginning
0	Intermediate
0	Advanced
0	Pre-Professional
0	Professional

Honore models echolarchine achievements Dleace list any formal		
Honors, medals, scholarships, achievements. Please list any formal standardized examinations you are preparing for or have taken in		
conjunction with your training.		
		v
Have you taught this style of dance?	0	Yes
	0	No
How many years have you taught this style of dance?	0	< 1
	0	1
	0	2
	0	3
	0	4
	0	5
	0	6
	0	7
	0	8
	0	9
		12 additional choices hidden
	0	21+
Describe how this training plays a role in your current physical		
movement practices.		
2. Dance Training		
Dance Style	0	Ballet
	0	Contemporary
	0	Modern
	0	Butoh
	0	Flamenco
	0	Нір Нор
	0	Breakdance

	0	Ballroom
	0	Folk Dance
	0	Bellydance
		21 additional choices hidden
	0	Historical Dance
	0	Improvisation
	0	Contact Improvisation
	0	Concert Dance
	0	Irish Dance
	0	Character Dance
	0	Hula
	0	Cultural Dance
	0	Afro-Cuban Dance
	0	Gaga
Other style of technique (not listed above)		
When did you begin practicing this style?	0	Early Childhood (12 or younger)
	0	Late Childhood (13-18)
	0	Early Adult (19-39)
	0	Late Adult (40+)

Total Years of experience (active practice)	0	< 1
	0	1
	0	2
	0	3
	0	4
	0	5
	0	6
	0	7
	0	8
	0	9
		40 additional choices hidden
	0	50+
Level Reached	0	Beginning
	0	Intermediate
	0	Advanced
	0	Pre-Professional
	0	Professional
Honors, medals, scholarships, achievements. Please list any formal standardized examinations you are preparing for or have taken in conjunction with your training.		
		V
Have you taught this style of dance?	0	Yes
	0	No

How many years have you taught this style of dance?	0	< 1
	0	1
	0	2
	0	3
	0	4
	0	5
	0	6
	0	7
	0	8
	0	9
		12 additional choices hidden
	0	21+
Describe how this training plays a role in your current physical movement practices.		
3. Dance Training Dance Style	0	Ballet
	0	Contemporary
	0	Modern
	0	Butoh
	0	Flamenco
	0	Нір Нор
	0	Breakdance
	0	Ballroom
	0	Folk Dance
	0	Bellydance
		22 additional choices hidden
	0	Historical Dance

	0	Improvisation
	0	Contact Improvisation
	0	Concert Dance
	0	Irish Dance
	0	Character Dance
	0	Hula
	0	Cultural Dance
	0	Afro-Cuban Dance
Other style of technique (not listed above)		
When did you begin practicing this style?	0	Early Childhood (12 or younger)
	0	Late Childhood (13-18)
	0	Early Adult (19-39)
	0	Late Adult (40+)
Total Years of experience (active practice)	0	<1
Total Tears of experience (active practice)	0	1
	0	2
	0	3
	0	4
	0	5
	0	6
	0	7
	0	8
	0	9
		40 additional choices hidden
	0	50+

Level Reached	0	Beginning
	0	Intermediate
	0	Advanced
	0	Pre-Professional
	0	Professional
Honors, medals, scholarships, achievements. Please list any formal standardized examinations you are preparing for or have taken in conjunction with your training.		
conjunction with your training.		
Have you taught this style of dance?	0	Yes
	0	No
How many years have you taught this style of dance?	0	< 1
	0	1
	0	2
	0	3
	0	4
	0	5
	0	6
	0	7
	0	8
	0	9
		12 additional choices hidden
	0	21+
Describe how this training plays a role in your current physical		

movement practices.

# **Section 2: Dance Audience Experience**

Thi per	s includes anythin formances in form	g from online is such as bal	e dance videos, to street performances, to live theatre let, contemporary, modern, butoh, flamenco, capoeira, taiko, litional chinese, balinese or other cultural dances, tap, etc
0	Yes		
0	No		
	_	_	you have the most experience viewing as an
	dience membe		P. V.
1. L	ance Style	0	Ballet
		0	Contemporary
		0	Modern
		0	Butoh
		0	Flamenco
		0	Hip Hop
		0	Breakdance
		0	Ballroom
		0	Folk Dance
		0	Bellydance
			22 additional choices hidden
		0	Historical Dance
		0	Improvisation
		0	Contact Improvisation
		0	Concert Dance
		0	Irish Dance
		0	Character Dance
		0	Hula

Cultural Dance

O Afro-Cuban Dance

Other Style (if applicable)		
2. Dance Style	0	Ballet
	0	Contemporary
	0	Modern
	0	Butoh
	0	Flamenco
	0	Нір Нор
	0	Breakdance
	0	Ballroom
	0	Folk Dance
	0	Bellydance
		21 additional choices hidden
	0	Historical Dance
	0	Improvisation
	0	Contact Improvisation
	0	Concert Dance
	0	Irish Dance
	0	Character Dance
	0	Hula
	0	Cultural Dance
	0	Afro-Cuban Dance
	0	Gaga
Other Style (if applicable)		
3. Dance Style	0	Ballet
	0	Contemporary
	0	Modern
	0	Butoh
	0	Flamenco
	0	Нір Нор
	0	Breakdance

	0	Ballroom		
	0	Folk Dance		
	0	Bellydance		
		21 additional choices hidden		
	0	Historical Dance		
	0	Improvisation		
	0	Contact Improvisation		
	0	Concert Dance		
	0	Irish Dance		
	0	Character Dance		
	0	Hula		
	0	Cultural Dance		
	0	Afro-Cuban Dance		
	0	Gaga		
Other Style (if applicable)				
General Dance Audience	_			
When did you begin watching	danc	e?	0	Early Childhood (12 or younger)
			0	Late Childhood (13-18)
			0	Early Adult (19-39)
			0	Late Adult (40+)
	nce shows have you attended to	0	0	
watch?			0	1
			0	2
			0	3
			0	4
			0	5
			0	6

0	7
0	8
0	9
	40 additional choices hidden
0	50+
0	Daily
•	-
_	Weekly
	Monthly
	Yearly Not Very Often
O	Not very often
Γhο Ει	eldenkrais Method , etc
ine r	ciuciiki ais wethou, etc
devo	te to somatic
actice	2.
(	O O O O O

0 16-18 0 19-21 0 22-24 O 25-27 O 28-30 O 31-33 0 34-36 O 37-39

O 40+

# **Section 3: Somatic Practice Training Experience**

List up to 3 somatic practices you have the most training in or identify with the most.

# 1. Somatic Practice Training

**Somatic Practice** O Laban Movement Analysis (LMA) Bartenieff Fundamentals Alexander Technique O Skinner Releasing Technique O Eutony Rolfing O Yoga Pilates O Trager Approach to Psychophysical Integration Kinetic Awareness O Body Mind Centering (BMC) Shin Somatics Expressive Arts Therapy

	0	Ideokinesis
	0	BodyMind Dancing
	0	Feldenkrais
	0	Countertechnique
	0	Other
Other Practice (not listed above)		
When did you begin practicing this style?	0	Early Childhood (12 or younger)
	0	Late Childhood (13-18)
	0	Early Adult (19-39)
	0	Late Adult (40+)
Total Years of experience (active practice)	0	< 1
	0	1
	0	2
	0	3
	0	4
	0	5
	0	6
	0	7
	0	8
	0	9
		40 additional choices hidden
	0	50+
Are you certified or in the process of becoming	0	Yes
certified?	0	No
Date completed certification or current level of		
certification		
Have you taught this somatic practice?	0	Yes
		No

How many years have you taught this practice?	0	<1
	0	1
	0	2
	0	3
	0	4
	0	5
	0	6
	0	7
	0	8
	0	9
		12 additional choices hidden
	0	21+
Describe how this training plays a role in your current physical movement practices.		
2. Somatic Practice Training		
Somatic Practice	0	Laban Movement Analysis (LMA)
	0	Bartenieff Fundamentals
	0	Alexander Technique
	0	Skinner Releasing Technique
	0	Eutony
	0	Rolfing
	0	Yoga
	0	Pilates
	0	Trager Approach to Psychophysical Integration
	0	Kinetic Awareness
	0	Body Mind Centering (BMC)
	0	Shin Somatics
	0	Expressive Arts Therapy

	<ul><li>Ideokinesis</li></ul>
	<ul> <li>BodyMind Dancing</li> </ul>
	<ul><li>Feldenkrais</li></ul>
	<ul> <li>Countertechnique</li> </ul>
	O Other
Other Practice (not listed above)	
When did you begin practicing this style?	<ul><li>Early Childhood (12 or younger )</li></ul>
	O Late Childhood (13-18)
	O Early Adult (19-39)
	O Late Adult (40+)
Total Years of experience (active practice)	O <1
	0 1
	O 2
	O 3
	O 4
	O 5
	O 6
	O 7
	O 8
	0 9
	40 additional choices hidden
	O 50+
Are you certified or in the process of becoming	Yes
certified?	O No
Date completed certification or current level of certification	

Have you taught this somatic practice?		Yes
	0	No
How many years have you taught this practice?	0	<1
	0	1
	0	2
	0	3
	0	4
	0	5
	0	6
	0	7
	0	8
	0	9
		12 additional choices hidden
	0	21+
Describe how this training plays a role in your current physical movement practices.		
3. Somatic Practice Training		
Somatic Practice	0	Laban Movement Analysis (LMA)
	0	Bartenieff Fundamentals
	0	Alexander Technique
	0	Skinner Releasing Technique
	0	Eutony
	0	Rolfing
	0	Yoga
	0	Pilates
	0	Trager Approach to Psychophysical Integration
	0	Kinetic Awareness

	0	Body Mind Centering (BMC)
	0	Shin Somatics
	0	Expressive Arts Therapy
	0	Ideokinesis
	0	BodyMind Dancing
	0	Feldenkrais
	0	Countertechnique
	0	Other
Other Practice (not listed above)		
When did you begin practicing this style?	0	Early Childhood (12 or younger)
when the you begin practicing this style.	0	Late Childhood (13-18)
	0	Early Adult (19-39)
	0	Late Adult (40+)
	O	Late Haare (10.)
Total Years of experience (active practice)	0	<1
	0	1
	0	2
	0	3
	0	4
	0	5
	0	6
	0	7
	0	8
	0	9
		40 additional choices hidden
	0	50+
Are you certified or in the process of becoming	0	Yes
certified?	0	No

Date completed certification or current level of certification		
Have you taught this somatic practice?	0	Yes
	0	No
How many years have you taught this practice?	0	< 1
	0	1
	0	2
	0	3
	0	4
	0	5
	0	6
	0	7
	0	8
	0	9
		12 additional choices hidden
	0	21+
Describe how this training plays a role in your current		

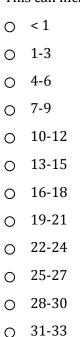
physical movement practices.

# **Section 4: Athletics/Sports Practice Experience**

# Do you have training in athletics and/or sports practices? e.g. team sports or leagues,cycling, spinning, aerobics, weightlifting, swimming, rock climbing, gymnastics, figure skating, etc.. O Yes

# Within the past year, how many hours a week do you spend practicing sports/athletics?

This can include hours spent competing, training, cross-training, coaching, or refereeing.



0 34-36

O 37-39

O 40+

O No

Ha	ve you played sports competitively?
0	Yes
0	No
Но	w many competitions have you participated in?
0	1
0	2
0	3
0	4
0	5
0	6
0	7
0	8
0	9
0	10
	39additional choices hidden
0	50+

# Describe one of the most memorable or significant competitions you have participated in.

This can include aspects relating to the preparation or training, process leading up to the competition or the competition itself.

# **Section 4: Athletics/Sports Practice Experience**

List <u>up to 3</u> athletics/sport practices you have the most training in or identify with the most.

1. Athletics/Sports Activity Training		
Athletics/Sports Activity	0	Cycling
	0	Sailing
	0	Target Sports
	0	Golf
	0	Climbing
	0	Archery
	0	Motion Controlled Video Games
	0	Running
	0	Hiking
	0	Team Sports
		21 additional choices hidden
	0	Figure Skating
	0	Gymnastics
	0	Softball
	0	Dodgeball
	0	Badminton
	0	Ultimate Frisbee
	0	Disc Golf
	0	Volleyball
	0	Track and Field

Other

Other activity (not listed above)		
When did you begin practicing this style?	0	Early Childhood (12 or younger)
	0	Late Childhood (13-
	0	Early Adult (19-39)
	0	Late Adult (40+)
Total Years of experience (active practice)	0	< 1
	0	1
	0	2
	0	3
	0	4
	0	5
	0	6
	0	7
	0	8
	0	9
		40 additional choices hidden
	0	50+
Level Reached	0	Beginning
	0	Intermediate
	0	Advanced
	0	Pre-Professional
	0	Professional
Honors, medals, scholarships, achievements. Please list any formal standardized examinations you are preparing for or have taken in conjunction with your training.		

Have you coached or refereed this sport/activity?	0	Yes
	0	No
How many years have you coached/refereed this sport?	0	<1
	0	1
	0	2
	0	3
	0	4
	0	5
	0	6
	0	7
	0	8
	0	9
		12 additional choices hidden
	0	21+
Describe how this training plays a role in your current physical movement practices.		
2. Athletics/Sports Activity Training		
Athletics/Sports Activity	0	Cycling
	0	Sailing
	0	Target Sports
	0	Golf
	0	Climbing
	0	Archery
	0	Motion Controlled Video Games
	0	Running
	0	Hiking
	0	Team Sports

		21 additional choices hidden
	0	Figure Skating
	0	Gymnastics
	0	Softball
	0	Dodgeball
	0	Badminton
	0	Ultimate Frisbee
	0	Disc Golf
	0	Volleyball
	0	Track and Field
	0	Other
Other activity (not listed above)		
When did you begin practicing this style?	0	Early Childhood (12 or younger)
	0	Late Childhood (13-18)
	0	Early Adult (19-39)
	0	Late Adult (40+)
Total Vogra of experience (active practice)		<1
Total Years of experience (active practice)	0	
	0	1
	0	2
	0	3
	0	4
	0	5
	0	6
		43 additional choices hidden
	0	50+

Level Reached	0	Beginning
	0	Intermediate
	0	Advanced
	0	Pre-Professional
	0	Professional
Harris and the school self-considering the self-considering for the school self-considering fo		
Honors, medals, scholarships, achievements. Please list any formal standardized examinations you are preparing for or have taken in conjunction with your training.		
Have you coached or refereed this sport/activity?	0	Yes
	0	No
How many years have you coached/refereed this sport?	0	< 1
	0	1
	0	2
	0	3
	0	4
	0	5
	0	6
	0	7
	0	8
	0	9
		12 additional choices hidden
	0	21+
Describe how this training plays a role in your current physical		

movement practices.

# 3. Athletics/Sports Activity Training

Athletics/Sports Activity	0	Cycling
	0	Sailing
	0	Target Sports
	0	Golf
	0	Climbing
	0	Archery
	0	Motion Controlled Video Games
	0	Running
	0	Hiking
	0	Team Sports
		21 additional choices hidden
	0	Figure Skating
	0	Gymnastics
	0	Softball
	0	Dodgeball
	0	Badminton
	0	Ultimate Frisbee
	0	Disc Golf
	0	Volleyball
	0	Track and Field
	0	Other
Other activity (not listed above)		

When did you begin practicing this style?	0	Early Childhood (12 or younger)
	0	Late Childhood (13-18)
	0	Early Adult (19-39)
	0	Late Adult (40+)
Total Years of experience (active practice)	0	<1
	0	1
	0	2
	0	3
	0	4
	0	5
	0	6
	0	7
	0	8
	0	9
		40 additional choices hidden
	0	50+
Level Reached	0	Beginning
	0	Intermediate
	0	Advanced
	0	Pre-Professional
	0	Professional
Honors, medals, scholarships, achievements. Please list any formal standardized examinations you are preparing for or have taken in conjunction with your training.		
Have you coached or refereed this sport/activity?	0	Yes
	0	No

How many years have you coached/refereed this sport?	0	< 1
	0	1
	0	2
	0	3
	0	4
	0	5
	0	6
	0	7
	0	8
	0	9
		12 additional choices hidden
	0	21+
Describe how this training plays a role in your current physical movement practices.		
Section 4: Athletics/Sports Audience Experience		

This includes both live and recorded sports events, professional or non-professional sport of any

kind. (e.g. team sports or leagues, cycling, spinning, aerobics, weightlifting, swimming, rock

Have you ever watched a sporting event/game?

climbing, gymnastics, figure skating, etc...)

O Yes

O No

# List up to three sports/activities you have the most experience viewing as an audience member.

1. Athletics/Sports Activity	0	Cycling
	0	Sailing
	0	Target Sports
	0	Golf
	0	Climbing
	0	Archery
	0	Motion Controlled Video Games
	0	Running
	0	Hiking
	0	Team Sports
		21 additional choices hidden
	0	Figure Skating
	0	Gymnastics
	0	Softball
	0	Dodgeball
	0	Badminton
	0	Ultimate Frisbee
	0	Disc Golf
	0	Volleyball
	0	Track and Field
	0	Other
Other Activity (not listed above)		
2. Athletics/Sports Activity	0	Cycling
	0	Sailing
	0	Target Sports
	0	Golf
	0	Climbing
	0	Archery

	0	Motion Controlled Video Games
	0	Running
	0	Hiking
	0	Team Sports
		21 additional choices hidden
	0	Figure Skating
	0	Gymnastics
	0	Softball
	0	Dodgeball
	0	Badminton
	0	Ultimate Frisbee
	0	Disc Golf
	0	Volleyball
	0	Track and Field
	0	Other
Other Activity (not listed above)		
Other Activity (not listed above)  3. Athletics/Sports Activity	0	Cycling
	0	Cycling Sailing
	_	
	0	Sailing
	0	Sailing Target Sports
	0	Sailing Target Sports Golf
	0 0 0	Sailing Target Sports Golf Climbing
	0 0 0 0	Sailing Target Sports Golf Climbing Archery
	0 0 0 0	Sailing Target Sports Golf Climbing Archery Motion Controlled Video Games
	0 0 0 0 0 0	Sailing Target Sports Golf Climbing Archery Motion Controlled Video Games Running
	0 0 0 0 0 0	Sailing Target Sports Golf Climbing Archery Motion Controlled Video Games Running Hiking
	0 0 0 0 0 0	Sailing Target Sports Golf Climbing Archery Motion Controlled Video Games Running Hiking Team Sports
	0 0 0 0 0 0 0 0	Sailing Target Sports Golf Climbing Archery Motion Controlled Video Games Running Hiking Team Sports 21 additional choices hidden

	0	Dodgeball			
	0	Badminton			
	0	Ultimate Frisbee			
	0	Disc Golf			
	0	Volleyball			
	0	Track and Field			
	0	Other			
Other Activity (not listed above)					
General Athletics/Sports Audie	enc	e Experience			
When did you begin watching sports?			(	)	Early Childhood (12 or younger )
			(	0	Late Childhood (13-18)
			(	0	Early Adult (19-39)
			(	С	Late Adult (40+)
In the past year, how many live sporti	ng e	vents have you	(	Э	0
attended to watch?			(	0	1
			(	0	2
			(	С	3
			(	0	4
			(	С	5
			(	Э	6
			(	0	7
			(	0	8
			(	0	9
					40 additional choices hidden
			(	0	50+

	average how often do you watch sports (either live or	0	Daily
rec	orded videos)	0	Weekly
		0	Monthly
		0	Yearly
		0	Not Very Often
	scribe one of the most memorable sporting events you have n (either live or recorded)		
Se	ction 5: Martial Arts Training Experience		
Thi	you have any training in martial arts practices? s can be formal or informal training in practices such as Aikido, Chi, Taekwondo, etc	Judo	o, Karate, Capoeira, Jiu-Jitsu,
0	Yes		
0	No		
Wi	thin the past year, how many hours a week do you	spe	end practicing martial
art	rs?		
Thi	s can include hours spent competing, training, cross-training, o	r tea	ching.
0	< 1		
0	1-3		
0	4-6		
0	7-9		
0	10-12		
0	13-15		
0	16-18		
0	19-21		
0	22-24		
0	25-27		
0	28-30		

0 3	31-33
O 3	34-36
O 3	37-39
0 4	10+
	e you practiced martial arts competitively or participated in exhibitions?
O Y	Ves .
O N	No
How	many competitions or exhibitions have you participated in?
0 1	
0 2	2
O 3	3
0 4	1
O 5	5
0 6	5
0 7	7
O 8	3
0 9	
0 1	10
	39 additional choices hidden
O 5	50+

# Describe one of the most memorable or significant competitions or exhibitions you have participated in.

This can include aspects relating to the preparation or training, process leading up to the competition/exhibition or the competition/exhibition itself.

### **Section 5: Martial Arts Training Experience**

List <u>up to 3</u> martial arts practices you have the most training in or identify with the most.

1. Martial Arts Training		
Martial Arts Practice	0	Aikido
	0	Judo
	0	Jujitsu
	0	Kendo
	0	Kyundo
	0	Sumo
	0	Karate
	0	Taekwondo
	0	Fencing
	0	Capoeira
		41 additional choices hidden
	0	Kuk Sool Won
	0	Sambo
	0	Sanshou
	0	Savate
	0	Sikaran
	0	Sojutsu
	0	Systema
	0	Taekkyeon
	0	Tahtib
	0	Other
Other style or technique (not listed above)		

When did you being practicing this activity?	0	Early Childhood (12 or younger)
	0	Late Childhood (13-18)
	0	Early Adult (19-39)
	0	Late Adult (40+)
Total Years of experience (active practice)	0	<1
	0	1
	0	2
	0	3
	0	4
	0	5
	0	6
	0	7
	0	8
	0	9
		40 additional choices hidden
	0	50+
Level Reached	0	Beginning
	0	Intermediate
	0	Advanced
	0	Pre-Professional
	0	Professional
Honors, medals, scholarships, achievements. Please list any formal standardized examinations you are preparing for or have taken in conjunction with your training.		

Have you coached or taught this martial arts practice?	0	Yes
	0	No
How many years have you taught or coached this practice?	0	<1
	0	1
		2
	0	3
	0	4
	0	5
	0	6
	0	7
	0	8
	0	9
		12 additional choices hidden
	0	21+
Describe how this training plays a role in your current physical movement practices.		
2. Martial Arts Training		
Martial Arts Practice	0	Aikido
	0	Judo
	0	Jujitsu
	0	Kendo
	0	Kyundo
	0	Sumo
	0	Karate
	0	Taekwondo
	0	Fencing
	0	Capoeira
		41 additional

		choices hidden
	0	Kuk Sool Won
	0	Sambo
	0	Sanshou
	0	Savate
	0	Sikaran
	0	Sojutsu
	0	Systema
	0	Taekkyeon
	0	Tahtib
	0	Other
Other style or technique (not listed above)		
When did you being practicing this activity?	0	Early Childhood (12 or younger)
	0	Late Childhood (13-18)
	0	Early Adult (19-39)
	0	Late Adult (40+)
Total Years of experience (active practice)	0	< 1
	0	1
	0	2
	0	3
	0	4
	0	5
	0	6
	0	7
	0	8
	0	9

		40 additional choices hidden
	0	50+
Level Reached	0	Beginning
	0	Intermediate
	0	Advanced
	0	Pre-Professional
	0	Professional
Honors, medals, scholarships, achievements. Please list any formal		
standardized examinations you are preparing for or have taken in conjunction with your training.		
Have you coached or taught this martial arts practice?	0	Yes
	0	No
How many years have you tought on good ad this prostice?		< 1
How many years have you taught or coached this practice?	0	
	0	1
	0	2
	0	3
	0	4
	0	5
	0	
	0	7
	0	8
	0	9
		12 additional choices hidden
	0	21+
Describe how this training plays a role in your current physical		
movement practices.		

#### 3. Martial Arts Training

3. Martial Arts Training		
Martial Arts Practice	0	Aikido
	0	Judo
	0	Jujitsu
	0	Kendo
	0	Kyundo
	0	Sumo
	0	Karate
	0	Taekwondo
	0	Fencing
	0	Capoeira
		43 additional choices hidden
	0	Kuk Sool Won
	0	Sambo
	0	Sanshou
	0	Savate
	0	Sikaran
	0	Sojutsu
	0	Systema
	0	Other
Other style or technique (not listed above)		
When did you being practicing this activity?	0	Early Childhood (12 or younger)
	0	Late Childhood (13-18)
	0	Early Adult (19-39)
	0	Late Adult (40+)

Total Years of experience (active practice)	0	< 1
	0	1
	0	2
	0	3
	0	4
	0	5
	0	6
	0	7
	0	8
	0	9
		40 additional choices hidden
	0	50+
Level Reached	0	Beginning
	0	Intermediate
	0	Advanced
	0	Pre-Professional
	0	Professional
Honors, medals, scholarships, achievements. Please list any formal standardized examinations you are preparing for or have taken in conjunction with your training.		
, · · · · · · · · · · · · · ·	0	Yes
Have you coached or taught this martial arts practice?	0	No

II			_	. 1
How many years have you taught or coached thi	ıs pr	actice?	_	< 1
			0	1
			0	2
			0	3
			0	4
			0	5
			0	6
			0	7
			0	8
			0	9
				12 additional choices hidden
			0	21+
Describe how this training plays a role in your c movement practices.	urre	ent physical		
Section 4: Martial Arts Audience Exper	ien	ce		
Have you ever watched a Martial Arts This includes both live and recorded events, pro		-		
○ Yes				
O No				
List up to three sports/activities you ha	ave	the most exper	ieno	ce viewing as an
audience member.				
1. Martial Arts Practice	0	Aikido		
	0	Judo		
	0	Jujitsu		
	0	Kendo		

	0	Kyundo
	0	Sumo
	0	Karate
	0	Taekwondo
	0	Fencing
	0	Capoeira
		41 additional choices hidden
	0	Kuk Sool Won
	0	Sambo
	0	Sanshou
	0	Savate
	0	Sikaran
	0	Sojutsu
	0	Systema
	0	Taekkyeon
	0	Tahtib
	0	Other
Other style or technique (not listed above)		
2 Martin Arta Paratira		A:1:1.
2. Martial Arts Practice	0	Aikido
	0	Judo
	0	Jujitsu
	0	Kendo
	0	Kyundo
	0	Sumo
	0	Karate
	0	Taekwondo
	0	Fencing
	0	Capoeira
		41 additional choices hidden
	0	Kuk Sool Won

	0	Sambo
	0	Sanshou
	0	Savate
	0	Sikaran
	0	Sojutsu
	0	Systema
	0	Taekkyeon
	0	Tahtib
	0	Other
Other style or technique (not listed above)		
3. Martial Arts Practice	0	Aikido
	0	Judo
	0	Jujitsu
	0	Kendo
	0	Kyundo
	0	Sumo
	0	Karate
	0	Taekwondo
	0	Fencing
	0	Capoeira
		43 additional choices hidden
	0	Kuk Sool Won
	0	Sambo
	0	Sanshou
	0	Savate
	0	Sikaran
	0	Sojutsu
	0	Systema
	0	Other
Other style or techique (not listed above)		

### **General Martial Arts Audience Experience** When did you begin watching martial arts? O Early Childhood (12 or younger) O Late Childhood (13-18) Early Adult (19-39) O Late Adult (40+) In the past year, how many live martial arts events have you 0 1 attended to watch? 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9 $\bigcirc$ 10 ... 39 additional choices hidden ... 0 50+

Daily

Weekly

O Monthly

Yearly

Describe one of the most memorable martial arts events you have seen (either live or recorded)

On average how often do you watch martial arts practices (either

live or recorded videos)

## Section 6: Anatomy/Kinesiology Experience

Have you studied an  O Yes  O No	atom	ny and/or kinesiology?	
Please list specific co		s you have taken in Ana gth of Course (wks)	tomy/Kinesiology Year Taken (YYYY)
	0	<10 Weeks	
	0	10 -12 Weeks (Quarter)	
	0	12-14 Weeks (Trimester)	
	0	14-16 Weeks (Semester)	
	0	2 Semesters	
	0	Year Long	
	0	<10 Weeks	
	0	10 -12 Weeks (Quarter)	
	0	12-14 Weeks (Trimester)	
	0	14-16 Weeks (Semester)	
	0	2 Semesters	
	0	Year Long	
	0	<10 Weeks	
	0	10 -12 Weeks (Quarter)	
	0	12-14 Weeks (Trimester)	
	0	14-16 Weeks (Semester)	
	0	2 Semesters	
	0	Year Long	

0	<10 Weeks	
0	10 -12 Weeks (Quarter)	
0	12-14 Weeks (Trimester)	
0	14-16 Weeks (Semester)	
0	2 Semesters	
0	Year Long	
0	<10 Weeks	
0	10 -12 Weeks (Quarter)	
0	12-14 Weeks (Trimester)	
0	14-16 Weeks (Semester)	
0	2 Semesters	
0	Year Long	
0	<10 Weeks	
0	<10 Weeks 10 -12 Weeks (Quarter)	
0	10 -12 Weeks (Quarter)	
0	10 -12 Weeks (Quarter) 12-14 Weeks (Trimester)	
0	10 -12 Weeks (Quarter) 12-14 Weeks (Trimester) 14-16 Weeks (Semester)	
0 0 0	10 -12 Weeks (Quarter) 12-14 Weeks (Trimester) 14-16 Weeks (Semester) 2 Semesters Year Long	
0 0 0	10 -12 Weeks (Quarter) 12-14 Weeks (Trimester) 14-16 Weeks (Semester) 2 Semesters Year Long <10 Weeks	
0 0 0 0	10 -12 Weeks (Quarter) 12-14 Weeks (Trimester) 14-16 Weeks (Semester) 2 Semesters Year Long	
0 0 0 0	10 -12 Weeks (Quarter) 12-14 Weeks (Trimester) 14-16 Weeks (Semester) 2 Semesters Year Long <10 Weeks	
	10 -12 Weeks (Quarter) 12-14 Weeks (Trimester) 14-16 Weeks (Semester) 2 Semesters Year Long <10 Weeks 10 -12 Weeks (Quarter)	
	10 -12 Weeks (Quarter) 12-14 Weeks (Trimester) 14-16 Weeks (Semester) 2 Semesters Year Long <10 Weeks 10 -12 Weeks (Quarter) 12-14 Weeks (Trimester)	

0	<10 Weeks	
0	10 -12 Weeks (Quarter)	
0	12-14 Weeks (Trimester)	
0	14-16 Weeks (Semester)	
0	2 Semesters	
0	Year Long	
0	<10 Weeks	
0	10 -12 Weeks (Quarter)	
0	12-14 Weeks (Trimester)	
0	14-16 Weeks (Semester)	
0	2 Semesters	
0	Year Long	
0	<10 Weeks	
0	10 -12 Weeks (Quarter)	
0	12-14 Weeks (Trimester)	
0	14-16 Weeks (Semester)	
0	2 Semesters	
0	Year Long	

How have you applied or used this knowledge in your daily life and work?

#### **Section 7: Other Movement Activities**

## Do you participate in or practice any other movement activity that was not already previously mentioned?

e.g. acting, military training, circus training, physical theatre, mime, clowning, dr	ımming,
meditation, motion controlled video games etc	

O Yes

O No

# Please list other movement activities you partake/have trained in that were not previously mentioned.

Movement Activities	Year	rs of Experience	Prac year	cticed in the past r?
1)	0	1	0	Yes
1)	0	2	0	No
	0	3		
	0	4		
	0	5		
	0	6		
	0	7		
	0	8		
	0	9		
	0	10		
		40 additional choices hidden		
	0	51+		

2)	0	1	0	Yes
2)	0	2	0	No
	0	3		
	0	4		
	0	5		
	0	6		
	0	7		
	0	8		
	0	9		
	0	10		
		40 additional choices hidden		
	0	51+		
2)		1	0	Yes
3)	0	2	0	No
	0	3		
	0	4		
	0	<ul><li>4</li><li>5</li></ul>		
	0	5		
	0	5 6		
	0	<ul><li>5</li><li>6</li><li>7</li></ul>		
	0 0	<ul><li>5</li><li>6</li><li>7</li><li>8</li></ul>		
	0 0 0	<ul><li>5</li><li>6</li><li>7</li><li>8</li><li>9</li></ul>		

4)		1	0	Yes
4)	0	2	0	No
	0	3		
	0	4		
	0	5		
	0	6		
	0	7		
	0	8		
	0	9		
	0	10		
		40 additional choices hidden		
	0	51+		
<b>-</b> '	0	1	0	Yes
5)	0	2	0	No
	0	3		
	0			
	O	4		
	0	5		
	0	5		
	0	5 6		
	0 0	<ul><li>5</li><li>6</li><li>7</li></ul>		
	0 0	<ul><li>5</li><li>6</li><li>7</li><li>8</li></ul>		
	0 0 0	<ul><li>5</li><li>6</li><li>7</li><li>8</li><li>9</li></ul>		
	0 0 0	5 6 7 8 9 10 40 additional choices		

6)	0	1	0	Yes
6)	0	2	0	No
	0	3		
	0	4		
	0	5		
	0	6		
	0	7		
	0	8		
	0	9		
	0	10		
		40 additional choices hidden		
	0	51+		
<b>7</b> )	0	1	0	Yes
71				
7)	0	2	0	No
,,	0	2 3	0	No
.,			0	No
.,	0	3	0	No
,	0	3 4	0	No
,	0 0	<ul><li>3</li><li>4</li><li>5</li></ul>	0	No
,	0 0	<ul><li>3</li><li>4</li><li>5</li><li>6</li></ul>	0	No
,	0 0 0	<ul><li>3</li><li>4</li><li>5</li><li>6</li><li>7</li></ul>	0	No
,	0 0 0 0	<ul><li>3</li><li>4</li><li>5</li><li>6</li><li>7</li><li>8</li></ul>	0	No
, ,		<ul><li>3</li><li>4</li><li>5</li><li>6</li><li>7</li><li>8</li><li>9</li></ul>	0	No
, ,		3 4 5 6 7 8 9 10 40 additional choices	0	No

9)		1	0	Yes
8)	0	2	0	No
	0	3		
	0	4		
	0	5		
	0	6		
	0	7		
	0	8		
	0	9		
	0	10		
		40 additional choices hidden		
	0	51+		
0)		1	0	Yes
9)	0	2	0	No
	0	3		
	0	4		
	0	5		
	0	6		
	0	7		
	0	8		
	0	9		
	0	10		
		40 additional choices hidden		
	0	51+		

10)	0	1	0	Yes
10)	0	2	0	No
	0	3		
	0	4		
	0	5		
	0	6		
	0	7		
	0	8		
	0	9		
	0	10		
		40 additional choices hidden		
	0	51+		

### Thank you for your participation!

Would you like to be contacted about the results of this experiment?

- O Yes
- O No

Please provide additional feedback about this survey here: